



CHILD CARE CHECKLIST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE DIVISION

SFN 338 (5-2005)

Case Name		Size of Household		
Date the current application was requested		Date the current signed and dated application received		
Has the pending notice been sent?		Yes	No	
Reason for Daycare				
Work	School	Job Search	Temporary Medical Need of Current Client	
If the student is attending college, is the course of study an Associate of Applied Science (AAS)?		Yes	No	NA
Is the student in another approved program?		Yes	No	NA
If needed, is the Postsecondary Education form on file?		Yes	No	NA
If needed, do you have a class schedule?		Yes	No	NA
If needed, do you have a work schedule?		Yes	No	NA
The Provider is:				
Licensed: Center Group Family	Registered	Self-Certified	Approved Relative	
If an approved relative provider, is the provider currently approved for this (these) child(ren)?		Yes	No	NA
Is payment going to the parent?		Yes	No	NA
Is there a written statement from the provider?		Yes	No	NA
Is all income being counted?		Yes	No	NA
Is there a calendar in place to track pay dates? (The third and fifth check of each month is excluded.)		Yes	No	NA
Is child support/court ordered spousal support paid outside the household being used as a deduction?		Yes	No	NA

Name of Worker	Date
----------------	------